
State: Arkansas **Filing Company:** State Mutual Insurance Company
TOI/Sub-TOI: MS04I Individual Medicare Supplement - Medicare Select/MS04I.016 Multi-Plan
Product Name: SM AR 1990 Network List 091512
Project Name/Number: SM SEL HL AR 091512/

Filing at a Glance

Company: State Mutual Insurance Company
Product Name: SM AR 1990 Network List 091512
State: Arkansas
TOI: MS04I Individual Medicare Supplement - Medicare Select
Sub-TOI: MS04I.016 Multi-Plan
Filing Type: Form
Date Submitted: 09/07/2012
SERFF Tr Num: IASL-128673354
SERFF Status: Closed-Accepted For Informational Purposes
State Tr Num:
State Status: Closed-Accepted for Informational Purposes
Co Tr Num: SM SEL HL AR 091512

Implementation: On Approval
Date Requested:
Author(s): Jaime Marchese
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 09/12/2012
Disposition Status: Accepted For Informational Purposes
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** State Mutual Insurance Company
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General Information

Project Name: SM SEL HL AR 091512

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Jaime Marchese

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 09/12/2012

State Status Changed: 09/12/2012

Created By: Jaime Marchese

Corresponding Filing Tracking Number:

Filing Description:

Enclosed please find a letter authorizing Insurance Administrative Solutions, LLC to file the Medicare Select Network Hospital List (1990 Plans).

There have been no changes since the last quarterly list was filed in June.

We request acknowledgement that the submission of this list satisfies the quarterly reporting requirements, as stated in Rule and Regulation 27 §10 F(2).

Company and Contact

Filing Contact Information

Jaime Marchese, jaime.marchese@iasadmin.com
8545 126th Avenue North, Suite 877-777-2443 [Phone] 2425 [Ext]
200 727-584-5613 [FAX]
Largo, FL 33773-1502

Filing Company Information

(This filing was made by a third party - insuranceadministrativesolutions)

State Mutual Insurance Company	CoCode: 69132	State of Domicile: Georgia
210 East Second Avenue	Group Code:	Company Type:
Rome, GA 30162	Group Name:	State ID Number:
(706) 291-1054 ext. [Phone]	FEIN Number: 58-1449898	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

Company	Amount	Date Processed	Transaction #
State Mutual Insurance Company	\$0.00	09/07/2012	

SERFF Tracking #:	IASL-128673354	State Tracking #:		Company Tracking #:	SM SEL HL AR 091512
State:	Arkansas	Filing Company:	State Mutual Insurance Company		
TOI/Sub-TOI:	MS04I Individual Medicare Supplement - Medicare Select/MS04I.016 Multi-Plan				
Product Name:	SM AR 1990 Network List 091512				
Project Name/Number:	SM SEL HL AR 091512/				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	09/12/2012	09/12/2012

State:	Arkansas	Filing Company:	State Mutual Insurance Company
TOI/Sub-TOI:	MS04I Individual Medicare Supplement - Medicare Select/MS04I.016 Multi-Plan		
Product Name:	SM AR 1990 Network List 091512		
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Disposition

Disposition Date: 09/12/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	State Mutual Medicare Select Network Hospital List (1990 Plans)	Accepted for Informational Purposes	Yes
Supporting Document	Third Party Authorization	Accepted for Informational Purposes	Yes

State:	Arkansas	Filing Company:	State Mutual Insurance Company
TOI/Sub-TOI:	MS04I Individual Medicare Supplement - Medicare Select/MS04I.016 Multi-Plan		
Product Name:	SM AR 1990 Network List 091512		
Project Name/Number:	SM SEL HL AR 091512/		

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	Not Applicable - Filing Medicare Supplement Select Network Hospital List		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not Applicable - Filing Medicare Supplement Select Network Hospital List		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	Not Applicable - Filing Medicare Supplement Select Network Hospital List		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	Not Applicable - Filing Medicare Supplement Select Network Hospital List		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	State Mutual Medicare Select Network Hospital List (1990 Plans)	Accepted for Informational Purposes	09/12/2012
Comments:			
Attachment(s):			
SEL HL AR 091512.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization	Accepted for Informational Purposes	09/12/2012
Comments:			

SERFF Tracking #:	IASL-128673354	State Tracking #:		Company Tracking #:	SM SEL HL AR 091512
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State:	Arkansas	Filing Company:	State Mutual Insurance Company
TOI/Sub-TOI:	MS04I Individual Medicare Supplement - Medicare Select/MS04I.016 Multi-Plan		
Product Name:	SM AR 1990 Network List 091512		
Project Name/Number:	SM SEL HL AR 091512/		

Attachment(s):

2012 01 SM IAS Authorization Letter.pdf

State Mutual Insurance Company
Med-Care Advantage, Inc.

IMPORTANT INFORMATION – PLEASE READ

Network Hospitals are subject to change. If you do not use a Network Hospital for scheduled admissions, you may be responsible for payment of the Part A Inpatient Deductible. You or your doctor should contact State Mutual *BEFORE* you are scheduled for admission to a hospital. Please call our Claim Department toll free at 1-877-872-5500.

If there is not a Network Hospital a reasonable distance from you, you should convert to a standard plan to cover the Part A Inpatient Deductible without a Network restriction. For information call Customer Service toll-free at 1-877-872-5500.

Medicare SELECT Network Hospitals

Arkansas

Craighead County

NEA Baptist Memorial Hospital

3024 Stadium Boulevard

Jonesboro 72401

Telephone (870) 972-7000

Tax ID Number: 71-0791408

Effective: 9/14/98

Garland County

National Park Medical Center

1910 Malvern Avenue

Hot Springs 71901

Telephone (501) 321-1000

Tax ID Number: 62-1769635

Effective: 9/15/98



January 24, 2012

Ms. Darcey Shaffer, FLMI, ACS
Compliance Manager
Insurance Administrative Solutions, L.L.C.
8545 126th Avenue North, Suite 200
Largo, Florida 33773-1502

Re: Life and Health Filings for Rate Increases, Forms and Reporting Requirements for State Mutual Insurance Company

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of State Mutual Insurance Company rate increases, forms and reporting requirements for the Company's Life and Health Insurance Policies with the State Insurance Departments.

Insurance Administrative Solutions, L.L.C. may correspond with the State Insurance Departments regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Richard Burton', written over a horizontal line.

Richard Burton
Vice President and Corporate Compliance Officer